

**Proposed Budget for Bench-to-Bedside Awards**

Project Title: \_\_\_\_\_

Principal Investigator(s)/Institute(s)/Institution: \_\_\_\_\_

Associate Investigator(s)/Institute(s)/Institution: \_\_\_\_\_

**PROJECT CATEGORY**

	<b>Funding Source</b>	<b>(One category MUST be checked)</b>
<b>Rare Diseases</b>	(50% ORD; 50% ICs)	
<b>AIDS</b>	(100% OAR)	
<b>Women's Health</b>	(100% ORWH)	
<b>Minority Health &amp; Health Disparities</b>	(50% NCMHD; 50% ICs)	
<b>General</b>	(ICs; NCRR Extramural)	

**PROPOSAL COSTS**

	<b>Year 1</b>	<b>Year 2</b>
<b>Personnel Costs</b>		
<b>Supply Expense</b>		
<b>Contract Costs</b>		
<b>Equipment</b>		
<b>Total Costs</b>		

**ESTIMATE OF RESOURCES**

<b>Institute/Institution</b>	<b>Planned Percentage of Resources</b>

_____ Scientific Director	_____ Date	_____ Clinical Director	_____ Date
_____ Scientific Director	_____ Date	_____ Clinical Director	_____ Date
_____ Scientific Director	_____ Date	_____ Clinical Director	_____ Date
_____ Scientific Director	_____ Date	_____ Clinical Director	_____ Date